

EXHIBIT G

INMATE/PAROLEE
APPEAL FORM

DC 602 (12/7)

Location: Institution/Parole Region

Log No. 06-01608

Category 8-B

1. CTF-C

2.

1.

2.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Cleveland	H-60545	A-1-A } Nowe	F-W-256-

A. Describe Problem: This inmate has been trying to get his teeth/mouth repaired since Sept - of 05. Dentist has taken all of the necessary x-rays and he promising me Cleveland that he will be sent a slip for follow up. That was more than 60 days ago. This inmate is being refused the proper dental care.

If you need more space, attach one additional sheet.

B. Action Requested: Would like for the dentist to fix and repair inmate Cleveland's mouth/teeth as requested.
Thank you very much.

Inmate/Parolee Signature: An Inmate Cleveland

Date Submitted: 5-21-06

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

RECEIVED
MAY 25 2006

RECEIVED

Date Submitted: _____

CDC Appeal Number: _____

RECEIVED JUN 14 2006

Dr. Laines

CTF
MEDICAL APPEALS

MAY 23 2006

CTF APPEALS

06-01608

First Level

☒ Granted☐ Denied☐ Other

JUL 6 2006

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: MAY 23 2006 Due Date:

Interviewed by: Clayton A. Layus, DDS CIT-Colorado

RECEIVED JUN 14 2006

Clayton

Your request to proceed with your full mouth extractions and fabrication of full upper and lower dentures is granted. Extractions of most of your teeth will be performed on Fri 6/23/06. A healing period of 6 weeks to allow shrinkage of gums and ridges will be necessary prior to initial impressions to allow for a better fit.

Staff Signature:

Division Head Approval:

Signature:

Clayton A. Layus, DDS CIT-Colorado

Title:

TIMOTHY W. FRIEDERICKS, M.D.

Title:

STAFF PHYSICIAN & SURGEON

CIT-SPENAD

Date Completed:

JUN 21 2006

Returned

Date to Inmate:

7/1/06

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature:

Date Submitted:

Second Level

☐ Granted☐ P. Granted☐ Denied☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: Due Date:

☐ See Attached Letter

Signature:

Date Completed:

Warden/Superintendent Signature:

Date Returned to Inmate:

H. If dissatisfied, add date or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature:

Date Submitted:

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION:

☐ Granted☐ P. Granted☐ Denied☐ Other☐ See Attached Letter

Date:

INMATE/PAROLEE

APPEAL FORM

CDC 602 (12/87)

Institution/Parole Region

Log

06-1608

Category

8-B

1. CTE-C
JUL 12 2006

1. JAN 08 2007

You may appeal any policy action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Cleveland	H-60545	A-1-A) Nowe	F-W-256-57

A. Describe Problem: This inmate has been trying to get his teeth/mouth repaired since Sept - of 05. Dentist has taken all of the necessary x-rays and keep promising me Cleveland that he will be sent a slip for follow up. That was more than 60 days ago. This inmate is being refused the proper dental care.

If you need more space, attach one additional sheet.

B. Action Requested: Would like for the dentist to fix and repair inmate Cleveland's mouth/teeth as requested.
Thank you very much.
Inmate/Parolee Signature: An Dan Cleveland Date Submitted: 5-21-06

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

Date Submitted: _____

Appeal Number: _____

RECEIVED JUN 14 2006

Dr Laurus

RECEIVED

RECEIVED

CTF MEDICAL APPEALS

RECEIVED

MAY 23 2006

CTF APPEALS

RECEIVED

JUL 12 2006

CTF

06-1608

Rec'd 7-25-06-Nassir

CTF-C

First Level ☒ Granted ☐ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned

MAY 23 2006

Due Date:

JUL 6 - 2006

Interviewed by:

Clayton A. Layus, DDS CTF-Soleddad

RECEIVED JUN 14 2006

CLAYUS

Your request to proceed with your full mouth extractions and fabrication of full upper and lower dentures is granted. Extractions of most of your teeth will be performed on Fri 6/23/06. A healing period of 6 wks to allow shrinkage of gums and ridges will be necessary prior to initial impressions to allow for a better fit.

Staff Signature:

Division Head Approval:

Signature:

Clayton A. Layus, DDS CTF-Soleddad

Title: TIMOTHY W. FRIEDERICH, M.D.

STAFF PHYSICIAN & SURGEON

CTF-SOLEDDAD

Date Completed:

Returned:

Date to Inmate:

JUN 21 2006

JUL 18 2006

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

(ON-5-21-06) Inmate Cleveland Filed A "602" grievance to repair hit teeth/mouth. (ON-6-21-06) "602" grievance was granted. Since then inmate Cleveland has been to the dentist "3" times only to be told to come back. Nothing has been done. Now he has been told his dentist is under investigation by Feds and can't get work done/would like to see another dentist's.

Signature:

Date Submitted: 7-4-06

Second Level ☒ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned:

AUG 08 2006

Due Date:

SEP 06 2006

☐ See Attached Letter

Signature:

Date Completed:

Date Returned to Inmate:

Warden/Superintendent Signature:

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature:

Date Submitted:

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION:

☐ See Attached Letter☒ Granted☐ P. Granted☐ Denied☐ Other

RECEIVED

AUG 18 2006

Date:

CTF APP. LS

CDC 602 (12/97)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION
CORRECTIONAL TREATMENT FACILITY - SOLEDAD

Memorandum

Date: December 29, 2006

To: Cleveland, H60545

Subject: **CTF APPEAL LOG # CTF-S-06-01608**
SECOND LEVEL RESPONSE

ISSUE: Your CDC 602 appeal states that you have been trying to get your teeth/mouth repaired since September of 2005. You are requesting for the dentist to fix and repair your teeth/mouth as requested.

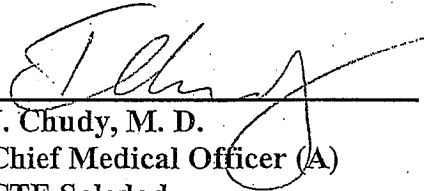
APPEAL RESPONSE: On 11/27/06 your CDC 602 appeal was partially granted at the first level of review. It states that on October 10, 2006 you were ducated to see the dentist to answer the 2nd level of a CDC 602. You claim that you tried to go east bound and the officers would not let you go and were sent back to your wing. You state that you have been patiently waiting for your dental repairs.

On Thursday 12/28/06 you were interviewed by Dr. Sather, Chief Dental Officer in the Central dental clinic. Your dental chart, dental issues and 602 issues were reviewed. You were informed that you will receive an exam by your treating dentist within 60days. Probably Maxillary (upper) Mandibular (lower) immediate dentures will be provided.

Your request was to not be without teeth very long and this will be considered.

APPEAL DECISION: Your Second Level appeal has been **GRANTED** in accordance with the policy and procedures as set forth in CCR Title 15 and DOM.

If you are dissatisfied with this decision, you may appeal to the Director's Level by completing section "H" on your appeal form, and submitting it by mail within 15 days of receipt of this response.



J. Chudy, M. D.
Chief Medical Officer (A)
CTF-Soledad

TO: K. Sather: Chief Medical Officer. F-W-256-

MY NAME IS IVAN CLEVELAND: C.D.C H-60545
I HAVE A GRIEVANCE "602" CONCERNING ONE OF
DENTAL STAFF, DR. MISS I'M REQUESTING TO
BE SEEN BY ANOTHER DENTIST, "ASAP" I' HAVE BEEN
PATIENTLY WAITING FOR DENTAL CARE FOR MORE
THAN ONE YEAR: I AM IN THE PROCESS OF
FILING VERY SERIOUS PAPER WORK ON YOUR
MEDICAL STAFF. MY RIGHT TO MEDICAL CARE IS
IS CLEARLY BEING VIOLATED. THE LAW STATES THAT
THE PRISON MUST PROVIDE MEDICAL CARE IF NEEDED.
THE EIGHT AMENDMENT PROTECTS A INMATES RIGHT
TO MEDICAL CARE. THE CONSTITUTION GUARANTEES
INMATES THIS RIGHT. THERE IS A GRIEVANCE FILED
NUM: CTF-C-06-01608) ALSO NUM: CTF-C-06-03358) IF THIS
SERIOUS SITUATION IS NOT HANDLED SOON, THEN
CLAIMS UNDER THE STATES CONSTITUTION OR STATE
STATUTES RELATING TO MEDICAL CARE, IN THIS IN-
STITUTION WILL BE FILED IN THE FEDERAL COURTS
UNDER THE "FEDERAL TORT CLAIM": THIS WILL
FOCUS EXCLUSIVELY ON MY RIGHTS TO MED-
ICAL CARE UNDER THE US CONSTITUTION.

Sincerely yours

An Ivan Cleveland,